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<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Application Number</b>	10/626,977
	<b>Filing Date</b>	07/25/2003
	<b>First Named Inventor</b>	Edward W. KNOWLTON
	<b>Title</b>	SYSTEM AND METHODS FOR MEDICAL DEVICES AND TRANSACTIONS
	<b>Art Unit</b>	3686
	<b>Examiner Name</b>	NAJARIAN, Lena
	<b>Attorney Docket Number</b>	KNW-0020

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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**OR**

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number.

**OR**

☒ The address associated with Customer Number:

77845

**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	GOODWIN PROCTER LLP		
Address	135 Commonwealth Drive		
City	Menlo Park	State	CA Zip 94025
Country	US		
Telephone	650-752-3168	Email	


I am the:

☒ Applicant/Inventor.

**OR**

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	10/4/09
Name	EDWARD W. KNOWLTON		Telephone
Title and Company			

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.